



LOWER ELWHA KLALLAM TRIBE

ʔəʔtχ̂ʷə nəχ̂ʷsʔaɣəm "Strong People"

2851 Lower Elwha Road
Port Angeles, WA 98363

Phone: 360.452.8471
Fax: 360.452.3428

LOWER ELWHA KLALLAM TRIBE VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY

Name (please print): _____

Organization (if applicable): _____

Phone Number: _____ Can this number receive texts? yes no

Email: _____

I acknowledge that I have received and reviewed the Lower Elwha Klallam Tribe Volunteer Policy, and I agree to abide by its requirements. I also acknowledge that my employee supervisor has informed me of the risks that may be involved in the volunteer tasks I have agreed to perform, as described below.

I additionally agree to defend and hold the Lower Elwha Klallam Tribe and its officials, employees, and agents harmless against any claims and/or lawsuits for personal injury and/or property damage arising out of or in any way connected with my volunteer work for the Lower Elwha Klallam Tribe.

Signature:

Date:

Employee Supervisor, please describe the type of volunteer service the volunteer will perform and if the position involves working with youth or elders:

In addition to the standard risks involved in volunteer work as described above, these volunteer tasks may include the following high-risk activities:

- Driving
- Contact with wildlife
- Field work (hiking or walking outdoors)
- Work in or around bodies of water
- Heavy lifting
- Using power tools
- Climbing or other work that presents a fall hazard



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LOWER ELWHA KLALLAM TRIBE YOUTH VOLUNTEER PERMISSION SLIP

I _____ (parent/guardian) attest that I am the legal parent or guardian of _____ (minor's name), whose date of birth is _____ (minor's date of birth).

By signing this form, I agree to allow my child to participate in the following volunteer activity [*Tribal staff, please complete this description before providing the form to the parent/guardian*]:

I additionally agree to defend and hold the Lower Elwha Klallam Tribe and its officials, employees, and agents harmless against any claims and/or lawsuits for personal injury and/or property damage arising out of or in any way connected with my child's volunteer work for the Lower Elwha Klallam Tribe.

Parent/Guardian Signature:

Date:



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Media Release Form (Adult)

I, _____, grant permission to the Lower Elwha Klallam Tribe and its agents or employees, the perpetual right to use my name, video depictions, photographs or other images, and audio recordings taken of me in tribal publications, including brochures, newsletters, and videos, and to use and display those video depictions, photographs or other images, and audio recordings in videos, on display boards, on tribal web sites, and in other electronic forms or media, and to offer them for use or distribution in other non-tribal publications, electronic or otherwise, without notifying me. I understand that my image may be edited, copied, exhibited, published, and distributed. I understand that this material may be used in educational settings within an unrestricted geographic area. I understand that materials produced by the Tribe using my name, video depictions, photographs or other images, and audio recordings are the property of the Tribe and the Tribe is the sole copyright holder of such materials.

I agree to waive any right to inspect or approve the finished video depictions, photographs or other images, and audio recordings, or printed or electronic matter now or in the future, whether that use is known or unknown to me, and I waive any right to royalties or other compensation arising from or related to the use of the photographs or other images.

I agree to release and hold harmless the Lower Elwha Klallam Tribe and its agents or employees, including any firm publishing or distributing a finished product in whole or in part, whether on video, paper, via electronic media, or on web sites, from and against any claims, damages, or liability arising from or related to the use of the video depictions, photographs or other images, and audio recordings, including any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing, and I fully understand the contents, meaning, and effect of this release. I understand that I am free to address any specific questions regarding this release before signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Participant signature

Date



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Media Release Form (Child)

I, _____, parent/guardian of _____, a minor child, grant permission to the Lower Elwha Klallam Tribe and its agents or employees, the perpetual right to use my child’s name, video depictions, photographs or other images, and audio recordings taken of my child in tribal publications, including brochures, newsletters, and videos, and to use and display those video depictions, photographs or other images, and audio recordings in videos, on display boards, on tribal web sites, and in other electronic forms or media, and to offer them for use or distribution in other non-tribal publications, electronic or otherwise, without notifying me. I understand that my child’s image may be edited, copied, exhibited, published, and distributed. I understand that this material may be used in educational settings within an unrestricted geographic area. I understand that materials produced by the Tribe using my child’s name, video depictions, photographs or other images, and audio recordings are the property of the Tribe and the Tribe is the sole copyright holder of such materials.

I agree to waive any right to inspect or approve the finished video depictions, photographs or other images, and audio recordings, or printed or electronic matter now or in the future, whether that use is known or unknown to me, and I waive any right to royalties or other compensation arising from or related to the use of the photographs or other images.

I agree to release and hold harmless the Lower Elwha Klallam Tribe and its agents or employees, including any firm publishing or distributing a finished product in whole or in part, whether on video, paper, via electronic media, or on web sites, from and against any claims, damages, or liability arising from or related to the use of the video depictions, photographs or other images, and audio recordings, including any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

I am 18 years of age or older and I am the legal parent or guardian of the child named above. I have read this release before signing, and I fully understand the contents, meaning, and effect of this release. I understand that I am free to address any specific questions regarding this release before signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

 Parent/guardian signature

 Date